

STATE OF MISSOURI DEPARTMENT OF INSURANCE

QUARTERLY DEDUCTIBLE OPTION SURCHARGE REPORT FORM

Please make copies for your future quarterly payments or you may access this form on our website under Industry/Forms/Workers Compensation.

Circle correct reporting period:

	Circle correc	t reporting perio	u.		
March 1, 2004	June 1, 2004	September 1, 2	004 Dece	mber 1, 2004	
Company Name	e and Address:				
NAIC #:		(9 digits)			
surcharge placed up deductible option. shall collect the sur amount to the Depar shall remit 25% of December 1 of the c unpaid balance of the option surcharge shall	on the policyholder. The insurance components of Revenue. The annual amount amount amount of the deductible option all be credited against	surcharge shall be re	he premium the prkers' compensure of premium of timate the annual to of Revenue of the price of	at would have bee sation policy with collection and shal al surcharge due fo on March 1, June eport March 1 of th 1. Any overpayn	n charged absent the the deductible option I remit the surcharger the current year and 1, September 1 and e following year, and
2. Remit 25% of t with a copy of		to the Department of	of Revenue	+ \$	
If paying after th	e due date, please	add:			
3. Interest on late or fraction	payment of 1 ½ % of a month X lir			+ \$	
4. Add lines 2 an Quarterly		uri Deductible Op w/ Interest on La		= \$	
Please remit thi	s form with pay	ment to:	Questions	may be address	sed to:
P.O. Box	Department of R 898 City, MO 65102		P.O. Jeffe	souri Department. Box 690 erson City, MO	65102-0898